



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2013
OF THE CONDITION AND AFFAIRS OF THE

Humana Medical Plan of Michigan, Inc.

NAIC Group Code01190119NAIC Company Code14224Employer's ID Number27-3991410
(Current)(Prior)

Organized under the Laws ofMichigan, State of Domicile or Port of EntryMichigan

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized11/16/2010Commenced Business02/29/2012

Statutory Home Office5555 Glenwood Hills Pkwy., Suite 150Grand Rapids , MI, US 49512
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office500 W. Main St.Louisville , KY, US 40202502-580-1000
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail AddressP.O. Box 740036Louisville , KY, US 40201-7436
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records500 W. Main St.Louisville , KY, US 40202502-580-1000
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.humana.com

Statutory Statement ContactElizabeth Lindsey502-580-8965
(Name)(Area Code) (Telephone Number)

DOIINQUIRIES@humana.com502-580-2099
(E-mail Address)(FAX Number)

OFFICERS

President & CEO	Bruce Dale Broussard	Sr. VP, CFO & Treasurer	James Harry Bloem-Resigned 12/31/2013
VP & Corporate Secretary	Joan Olliges Lenahan	Appointed Actuary	Jonathan Albert Canine

OTHER

George Grant Bauernfeind Vice President	Elizabeth Diane Bierbower Pres., Employer Group Segment	John Gregory Catron VP & Chief Compliance Officer
Steven James DeRaleau # President, HumanaONE	Roy Goldman Ph.D VP & Chief Actuary	Charles Frederic Lambert III Vice President
Brian Phillip LeClaire Sr.VP&Chief Service&Info Officer	Thomas Joseph Liston President, Retail Segment	Timothy Patrick O'Rourke RegPres-SrProd/Great Lakes Reg
Bruce Devereau Perkins Pres.,Healthcare Services Seg.	Bruno Roger Piquin # VP & Div. Leader - Northern Div.	Richard Donald Remmers VP, Employer Group Segment
Debra Anne Smith # VP-Sr.Prod.Strategy&Prod.Dev.	Pattie Dale Tye President, Large Group	Joseph Christopher Ventura Assistant Corporate Secretary
Timothy Alan Wheatley VP - Senior Products	Ralph Martin Wilson Vice President	

DIRECTORS OR TRUSTEES

James Harry Bloem-Resigned 12/31/2013	Bruce Dale Broussard	James Elmer Murray
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State ofKentucky

County ofJefferson

SS:

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Bruce Dale Broussard President & CEO	Joan Olliges Lenahan VP & Corporate Secretary	Alan James Bailey Assistant Treasurer
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Subscribed and sworn to before me this21st day ofFebruary 2014

a. Is this an original filing?Yes [X] No []

b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

Michele Sizemore
Notary Public
January 3, 2015

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	104,025	0	104,025	107,594
2. Stocks (Schedule D):				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5. Cash (\$(12,586) , Schedule E - Part 1), cash equivalents (\$0 , Schedule E - Part 2) and short-term investments (\$5,275,897 , Schedule DA)	5,263,311	0	5,263,311	4,891,863
6. Contract loans, (including \$0 premium notes)	0	0	0	0
7. Derivatives (Schedule DB)	0	0	0	0
8. Other invested assets (Schedule BA)	0	0	0	0
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	5,367,336	0	5,367,336	4,999,457
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	1,511	0	1,511	1,511
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	10,474	4,131	6,343	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums	2,499	0	2,499	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	792
18.2 Net deferred tax asset	16,496	0	16,496	0
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	173,994	0	173,994	0
24. Health care (\$8,014) and other amounts receivable	8,031	17	8,014	55
25. Aggregate write-ins for other than invested assets	14,050	14,050	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	5,594,391	18,198	5,576,193	5,001,815
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	5,594,391	18,198	5,576,193	5,001,815
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid Commissions	14,050	14,050	0	0
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	14,050	14,050	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$0 reinsurance ceded)	99,112	23,113	122,225	0
2. Accrued medical incentive pool and bonus amounts	0	0	0	0
3. Unpaid claims adjustment expenses	2,309	0	2,309	0
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	11,816	0	11,816	0
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserves	0	0	0	0
7. Aggregate health claim reserves	0	0	0	0
8. Premiums received in advance	182,215	0	182,215	0
9. General expenses due or accrued	2,521	0	2,521	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$0 on realized capital gains (losses))	35,761	0	35,761	0
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	0	0	0	0
12. Amounts withheld or retained for the account of others	0	0	0	0
13. Remittance and items not allocated	34	0	34	0
14. Borrowed money (including \$0 current) and interest thereon \$0 (including \$0 current)	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates	0	0	0	2,558
16. Derivatives	0	0	0	0
17. Payable for securities	0	0	0	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$0 authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers)	0	0	0	0
20. Reinsurance in unauthorized and certified (\$0) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans	61,558	0	61,558	0
23. Aggregate write-ins for other liabilities (including \$0 current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	395,326	23,113	418,439	2,558
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1,000	0
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	4,999,000	5,000,000
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	157,754	(743)
32. Less treasury stock, at cost: 32.1 .....0 shares common (value included in Line 26 \$0)	XXX	XXX	0	0
32.2 .....0 shares preferred (value included in Line 27 \$0)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	5,157,754	4,999,257
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	5,576,193	5,001,815
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2308. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2309. Totals (Lines 2301 thru 2303 plus 2308)(Line 23 above)	0	0	0	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX	0	0
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	2,619	0
2. Net premium income (including \$0 non-health premium income)	XXX	1,799,432	0
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	0
4. Fee-for-service (net of \$0 medical expenses)	XXX	0	0
5. Risk revenue	XXX	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	1,799,432	0
Hospital and Medical:			
9. Hospital/medical benefits	222,398	1,070,378	0
10. Other professional services	0	3,866	0
11. Outside referrals	0	0	0
12. Emergency room and out-of-area	16,510	43,916	0
13. Prescription drugs	0	145,212	0
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments, and bonus amounts	0	0	0
16. Subtotal (Lines 9 to 15)	238,908	1,263,372	0
Less:			
17. Net reinsurance recoveries	0	0	0
18. Total hospital and medical (Lines 16 minus 17)	238,908	1,263,372	0
19. Non-health claims (net)	0	0	0
20. Claims adjustment expenses, including \$74,250 cost containment expenses	0	91,185	0
21. General administrative expenses	0	186,304	50
22. Increase in reserves for life and accident and health contracts (including \$0 increase in reserves for life only)	0	0	0
23. Total underwriting deductions (Lines 18 through 22).....	238,908	1,540,861	50
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	258,571	(50)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)	0	850	1,387
26. Net realized capital gains (losses) less capital gains tax of \$0	0	0	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	850	1,387
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$0) (amount charged off \$0)]	0	0	0
29. Aggregate write-ins for other income or expenses	0	137	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	259,558	1,337
31. Federal and foreign income taxes incurred	XXX	101,840	(401)
32. Net income (loss) (Lines 30 minus 31)	XXX	157,718	1,738
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901. Miscellaneous Income	0	137	0
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	137	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	4,999,257	5,000,000
34. Net income or (loss) from Line 32	157,718	1,738
35. Change in valuation basis of aggregate policy and claim reserves	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	16,496	0
39. Change in nonadmitted assets	(15,717)	(2,481)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Capital Changes:		
44.1 Paid in	1,000	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....	0	0
45. Surplus adjustments:		
45.1 Paid in	(1,000)	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital	0	0
46. Dividends to stockholders	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	158,497	(743)
49. Capital and surplus end of reporting period (Line 33 plus 48)	5,157,754	4,999,257
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	1,980,490	0
2. Net investment income	4,419	3,200
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	1,984,909	3,200
5. Benefit and loss related payments	1,149,178	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	210,964	50
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	65,287	391
10. Total (Lines 5 through 9)	1,425,429	441
11. Net cash from operations (Line 4 minus Line 10)	559,480	2,759
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	0
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	0	110,918
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	110,918
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	0	(110,918)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(188,032)	22
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(188,032)	22
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	371,448	(108,137)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	4,891,863	5,000,000
19.2 End of year (Line 18 plus Line 19.1)	5,263,311	4,891,863

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Humana Medical Plan of Michigan, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	1,799,432	0	0	9,331	0	0	1,790,101	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0	0	0	0	0	0	0	0	0	0
3. Fee-for-service (net of \$0 medical expenses)	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	1,799,432	0	0	9,331	0	0	1,790,101	0	0	0
8. Hospital/medical benefits	1,070,378	0	0	0	0	0	1,070,378	0	0	XXX
9. Other professional services	3,866	0	0	3,533	0	0	333	0	0	XXX
10. Outside referrals	0	0	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area	43,916	0	0	0	0	0	43,916	0	0	XXX
12. Prescription drugs	145,212	0	0	0	0	0	145,212	0	0	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0	0	0	0	0	0	0	0	0	XXX
15. Subtotal (Lines 8 to 14)	1,263,372	0	0	3,533	0	0	1,259,839	0	0	XXX
16. Net reinsurance recoveries	0	0	0	0	0	0	0	0	0	XXX
17. Total medical and hospital (Lines 15 minus 16)	1,263,372	0	0	3,533	0	0	1,259,839	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$74,250 cost containment expenses	91,185	0	0	82	0	0	91,103	0	0	0
20. General administrative expenses	186,304	0	0	1,422	0	0	184,882	0	0	0
21. Increase in reserves for accident and health contracts	0	0	0	0	0	0	0	0	0	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	1,540,861	0	0	5,037	0	0	1,535,824	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	258,571	0	0	4,294	0	0	254,277	0	0	0
DETAILS OF WRITE-INS										XXX
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	0	0	0	0
2. Medicare Supplement	0	0	0	0
3. Dental only	9,331	0	0	9,331
4. Vision only	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0
6. Title XVIII - Medicare	1,840,101	0	50,000	1,790,101
7. Title XIX - Medicaid	0	0	0	0
8. Other health	0	0	0	0
9. Health subtotal (Lines 1 through 8)	1,849,432	0	50,000	1,799,432
10. Life	0	0	0	0
11. Property/casualty	0	0	0	0
12. Totals (Lines 9 to 11)	1,849,432	0	50,000	1,799,432

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Humana Medical Plan of Michigan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	1,149,178	.0	.0	3,299	.0	.0	1,145,879	.0	.0	.0
1.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.4 Net	1,149,178	.0	.0	3,299	.0	.0	1,145,879	.0	.0	.0
2. Paid medical incentive pools and bonuses .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	122,225	.0	.0	234	.0	.0	121,991	.0	.0	.0
3.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.4 Net	122,225	.0	.0	234	.0	.0	121,991	.0	.0	.0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4 Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Accrued medical incentive pools and bonuses, current year .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Net healthcare receivables (a)	8,031	.0	.0	.0	.0	.0	8,031	.0	.0	.0
7. Amounts recoverable from reinsurers December 31, current year .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.4 Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.4 Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:										
12.1 Direct	1,263,372	.0	.0	3,533	.0	.0	1,259,839	.0	.0	.0
12.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12.4 Net	1,263,372	0	0	3,533	0	0	1,259,839	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$.0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	54,238	.0	.0	88	.0	.0	54,150	.0	.0	.0
1.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.4 Net	54,238	.0	.0	88	.0	.0	54,150	.0	.0	.0
2. Incurred but Unreported:										
2.1 Direct	57,493	.0	.0	146	.0	.0	57,347	.0	.0	.0
2.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4 Net	57,493	.0	.0	146	.0	.0	57,347	.0	.0	.0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	10,494	.0	.0	.0	.0	.0	10,494	.0	.0	.0
3.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.4 Net	10,494	.0	.0	.0	.0	.0	10,494	.0	.0	.0
4. TOTALS:										
4.1 Direct	122,225	.0	.0	234	.0	.0	121,991	.0	.0	.0
4.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4 Net	122,225	0	0	234	0	0	121,991	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	0	0	0	0	0	0
2. Medicare Supplement	0	0	0	0	0	0
3. Dental Only	0	3,299	0	234	0	0
4. Vision Only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0	0	0
6. Title XVIII - Medicare	0	1,145,879	0	121,991	0	0
7. Title XIX - Medicaid	0	0	0	0	0	0
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	0	1,149,178	0	122,225	0	0
10. Healthcare receivables (a)	0	8,031	0	0	0	0
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	0	0	0	0	0	0
13. Totals (Lines 9 - 10 + 11 + 12)	0	1,141,147	0	122,225	0	0

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2009	2 2010	3 2011	4 2012	5 2013
1.	Prior	0	0	0	0	0
2.	2009	0	0	0	0	0
3.	2010	XXX	0	0	0	0
4.	2011	XXX	XXX	0	0	0
5.	2012	XXX	XXX	XXX	0	0
6.	2013	XXX	XXX	XXX	XXX	3

Section B - Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2009	2 2010	3 2011	4 2012	5 2013
1.	Prior	0	0	0	0	0
2.	2009	0	0	0	0	0
3.	2010	XXX	0	0	0	0
4.	2011	XXX	XXX	0	0	0
5.	2012	XXX	XXX	XXX	0	0
6.	2013	XXX	XXX	XXX	XXX	4

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2009	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2010	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2011	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2012	0	0	0	0.0	0	0.0	0	0	0	0.0
5. 2013	9	3	0	0.0	3	33.3	0	0	3	33.3

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2009	2 2010	3 2011	4 2012	5 2013
1.	Prior	0	0	0	0	0
2.	2009	0	0	0	0	0
3.	2010	XXX	0	0	0	0
4.	2011	XXX	XXX	0	0	0
5.	2012	XXX	XXX	XXX	0	0
6.	2013	XXX	XXX	XXX	XXX	1,146

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2009	2 2010	3 2011	4 2012	5 2013
1.	Prior	0	0	0	0	0
2.	2009	0	0	0	0	0
3.	2010	XXX	0	0	0	0
4.	2011	XXX	XXX	0	0	0
5.	2012	XXX	XXX	XXX	0	0
6.	2013	XXX	XXX	XXX	XXX	1,268

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2009	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2010	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2011	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2012	0	0	0	0.0	0	0.0	0	0	0	0.0
5. 2013	1,790	1,146	10	0.9	1,156	64.6	122	2	1,280	71.5

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2009	2 2010	3 2011	4 2012	5 2013
1.	Prior	0	0	0	0	0
2.	2009	0	0	0	0	0
3.	2010	XXX	0	0	0	0
4.	2011	XXX	XXX	0	0	0
5.	2012	XXX	XXX	XXX	0	0
6.	2013	XXX	XXX	XXX	XXX	1,149

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2009	2 2010	3 2011	4 2012	5 2013
1.	Prior	0	0	0	0	0
2.	2009	0	0	0	0	0
3.	2010	XXX	0	0	0	0
4.	2011	XXX	XXX	0	0	0
5.	2012	XXX	XXX	XXX	0	0
6.	2013	XXX	XXX	XXX	XXX	1,272

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2009	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2010	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2011	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2012	0	0	0	0.0	0	0.0	0	0	0	0.0
5. 2013	1,799	1,149	10	0.9	1,159	64.4	122	2	1,283	71.3

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves	0	0	0	0	0	0	0	0	0
2. Additional policy reserves (a)	0	0	0	0	0	0	0	0	0
3. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$0) for investment income	11,816	0	0	0	0	0	11,816	0	0
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	11,816	0	0	0	0	0	11,816	0	0
7. Reinsurance ceded	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4)	11,816	0	0	0	0	0	11,816	0	0
9. Present value of amounts not yet due on claims	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$0 for occupancy of own building)	616	149	2,783	0	3,548
2. Salary, wages and other benefits	21,211	7,081	72,220	109	100,621
3. Commissions (less \$0 ceded plus \$0 assumed)	0	0	18,578	0	18,578
4. Legal fees and expenses	3	0	1,094	0	1,097
5. Certifications and accreditation fees	0	0	14	0	14
6. Auditing, actuarial and other consulting services	3	1	1,990	0	1,994
7. Traveling expenses	711	54	3,007	1	3,773
8. Marketing and advertising	433	1	23,388	0	23,822
9. Postage, express and telephone	902	19	6,443	0	7,364
10. Printing and office supplies	914	9	3,999	1	4,923
11. Occupancy, depreciation and amortization	131	34	66	0	231
12. Equipment	72	20	370	0	462
13. Cost or depreciation of EDP equipment and software	463	7	9,796	4	10,270
14. Outsourced services including EDP, claims, and other services	46,952	7,034	22,230	0	76,216
15. Boards, bureaus and association fees	18	2	197	0	217
16. Insurance, except on real estate	23	6	1,234	0	1,263
17. Collection and bank service charges	1	2,009	547	0	2,557
18. Group service and administration fees	0	0	2	0	2
19. Reimbursements by uninsured plans	0	0	0	0	0
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	342	79	1,942	0	2,363
22. Real estate taxes	14	4	75	0	93
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	6,762	0	6,762
23.2 State premium taxes	0	0	114	0	114
23.3 Regulatory authority licenses and fees	44	3	3,123	0	3,170
23.4 Payroll taxes	1,404	411	4,530	6	6,351
23.5 Other (excluding federal income and real estate taxes)	0	0	502	0	502
24. Investment expenses not included elsewhere	12	3	(95)	0	(80)
25. Aggregate write-ins for expenses	(19)	9	1,393	1	1,384
26. Total expenses incurred (Lines 1 to 25)	74,250	16,935	186,304	122	(a) .....277,611
27. Less expenses unpaid December 31, current year ..	1,429	880	2,521	0	4,830
28. Add expenses unpaid December 31, prior year	0	0	0	0	0
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year	0	0	0	0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	72,821	16,055	183,783	122	272,781
DETAILS OF WRITE-INS					
2501. Miscellaneous Administrative Expenses	(19)	9	1,393	1	1,384
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	(19)	9	1,393	1	1,384

(a) Includes management fees of \$315,476 to affiliates and \$0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Humana Medical Plan of Michigan, Inc.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds	(a) 430	..... 430
1.1	Bonds exempt from U.S. tax	(a) 0	..... 0
1.2	Other bonds (unaffiliated)	(a) 0	..... 0
1.3	Bonds of affiliates	(a) 0	..... 0
2.1	Preferred stocks (unaffiliated)	(b) 0	..... 0
2.11	Preferred stocks of affiliates	(b) 0	..... 0
2.2	Common stocks (unaffiliated) .....	..... 0	..... 0
2.21	Common stocks of affiliates .....	..... 0	..... 0
3.	Mortgage loans	(c) 0	..... 0
4.	Real estate	(d) 0	..... 0
5	Contract Loans .....	..... 0	..... 0
6	Cash, cash equivalents and short-term investments	(e) 542	..... 542
7	Derivative instruments	(f) 0	..... 0
8.	Other invested assets .....	..... 0	..... 0
9.	Aggregate write-ins for investment income .....	..... 0	..... 0
10.	Total gross investment income	972	972
11.	Investment expenses		(g) 116
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) 6
13.	Interest expense		(h) 0
14.	Depreciation on real estate and other invested assets		(i) 0
15.	Aggregate write-ins for deductions from investment income .....		..... 0
16.	Total deductions (Lines 11 through 15) .....		..... 122
17.	Net investment income (Line 10 minus Line 16)		850
DETAILS OF WRITE-INS			
0901.	.....	
0902.	.....	
0903.	.....	
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.	.....	
1502.	.....	
1503.	.....	
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$0 accrual of discount less \$3,569 amortization of premium and less \$0 paid for accrued interest on purchases.
- (b) Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued dividends on purchases.
- (c) Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued interest on purchases.
- (d) Includes \$0 for company's occupancy of its own buildings; and excludes \$0 interest on encumbrances.
- (e) Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued interest on purchases.
- (f) Includes \$0 accrual of discount less \$0 amortization of premium.
- (g) Includes \$.0 investment expenses and \$0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$0 interest on surplus notes and \$0 interest on capital notes.
- (i) Includes \$0 depreciation on real estate and \$0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds					
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)					
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)					
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)					
DETAILS OF WRITE-INS						
0901.	.....				
0902.	.....				
0903.	.....				
0998.	Summary of remaining write-ins for Line 9 from overflow page					
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)					

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	4,131	0	(4,131)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivable from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	17	0	(17)
25. Aggregate write-ins for other than invested assets	14,050	2,481	(11,569)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	18,198	2,481	(15,717)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	18,198	2,481	(15,717)
DETAILS OF WRITE-INS			
1101.	0	0	0
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Prepaid Commissions	14,050	2,481	(11,569)
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	14,050	2,481	(11,569)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	0	177	191	213	227	2,363
2. Provider Service Organizations	0	0	0	0	0	0
3. Preferred Provider Organizations	0	0	0	0	0	0
4. Point of Service	0	0	0	0	0	0
5. Indemnity Only	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business.....	0	12	14	19	44	256
7. Total	0	189	205	232	271	2,619
DETAILS OF WRITE-INS						
0601. Dental	0	12	14	19	44	256
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	12	14	19	44	256

STATEMENT AS OF December 31, 2013 OF THE Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of the Company are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance.

The Michigan Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Michigan for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Michigan Insurance Law. The National Association of Insurance Commissioners’ (NAIC) Accounting Practices and Procedures manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Michigan. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices. No deviations exist.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan is shown below:

	State of Domicile	2013	2012
Net Income			
1. Humana Medical Plan of Michigan, Inc. Michigan basis	MI	\$ 157,718	\$ 1,738
2. State Prescribed Practices that increase/(decrease) NAIC SAP	MI	-	-
3. State Permitted Practices that increase/(decrease) NAIC SAP	MI	-	-
4. NAIC SAP	MI	\$ <u>157,718</u>	\$ <u>1,738</u>
Surplus			
5. Humana Medical Plan of Michigan, Inc. Michigan basis	MI	\$ 5,157,754	\$ 4,999,257
6. State Prescribed Practices that increase/(decrease) NAIC SAP	MI	-	-
7. State Permitted Practices that increase/(decrease) NAIC SAP	MI	-	-
8. NAIC SAP	MI	\$ <u>5,157,754</u>	\$ <u>4,999,257</u>

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. These estimates are based on knowledge of current events and anticipated future events, and accordingly, actual results could differ from those estimates.

C. Accounting Policy

Premiums are reported as earned in the period in which members are entitled to receive services, and are net of retroactive membership adjustments. Retroactive membership adjustments result from enrollment changes not yet processed, or not yet reported by an employer group or the government. Premiums received prior to such period are recorded as advance premiums.

Benefits incurred and loss adjustment expenses include claim payments, capitation payments, pharmacy costs net of rebates, allocations of certain centralized expenses, legal and administrative costs to settle claims, and various other costs incurred to provide health insurance coverage to members, as well as estimates of future payments to hospitals and others for medical care provided prior to the date of the statements of admitted assets, liabilities and surplus. Capitation payments represent monthly contractual fees disbursed to participating primary care physicians, and other providers who are responsible for providing medical care to members. Pharmacy costs represent payments for members’ prescription drug benefits, net of rebates from drug manufacturers.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments include investments mainly in U.S. Government obligations with a maturity of twelve months or less from the date of purchase. Short-term investments are recorded at amortized cost. The carrying value of short-term investments approximates fair value due to the short-term maturities of the investments.
- (2)-(4) Investments are valued and classified in accordance with methods prescribed by the NAIC. Bonds with an NAIC rating of 1 or 2 are carried at amortized cost, with all other bonds being recorded at the lower of amortized cost or fair value; redeemable preferred stocks are carried at amortized cost; and non-redeemable preferred stocks are carried at fair value.

The Company regularly evaluates investment securities for impairment. For all securities other than loan-backed and structured securities, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment’s fair value has been below carrying value, the near term prospects for recovery to carrying value, and the Company’s intent and ability to hold the investment until maturity or market recovery is realized. If and when a determination is made that a decline in fair value below the cost basis is other-than-temporary, the related investment is written down to its estimated fair value through earnings.

Amortization of bond premium or discount is computed using the scientific interest method.

NOTES TO THE FINANCIAL STATEMENTS

Income from investments is recorded on an accrual basis. For the purpose of determining realized gains and losses, the cost of securities sold is based upon specific identification. Investment income due and accrued over 90 days past due is nonadmitted.

(5) Not Applicable.

(6) Not Applicable.

(7) Not Applicable.

(8) Not Applicable.

(9) Not Applicable.

(10)-(11) The estimates of future medical benefit payments are developed using actuarial methods and assumptions based upon claim payment patterns, medical cost inflation, historical development such as claim inventory levels and claim receipt patterns, and other relevant factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current and prior periods are continually reviewed by management and adjusted as necessary.

The Company assesses the profitability of its contracts for providing health insurance coverage to its members when current operating results or forecasts indicate probable future losses. The Company records a premium deficiency liability in current operations to the extent that the sum of expected future medical costs, claim adjustment expenses and maintenance costs exceed related future premiums. Investment income is not contemplated in the calculation of the premium deficiency liability.

Management believes the Company's benefits payable and loss adjustment expense are adequate to cover future claims and loss adjustment expense payments required, however, such estimates are based on knowledge of current events and anticipated future events and, therefore, the actual liability could differ from the amounts provided.

(12) The Company does not hold real estate held for production of income or equipment.

The Company recognizes an asset or liability for the deferred tax consequences of temporary differences between the tax bases of assets or liabilities and their reported amounts in the financial statements. The temporary differences will result in taxable or deductible amounts in future years when the reported amounts of the assets or liabilities are recovered or settled.

(13) The Company estimates anticipated Pharmacy Rebate Receivables using the analysis of historical recovery patterns.

2. Accounting Changes and Corrections of Errors

The Company adopted the provisions of SSAP No. 101 *Income Taxes A Replacement of SSAP10R and SSAP 10* in 2012. SSAP 101 provides new requirements for tax loss contingencies and the calculation and admissibility of deferred tax assets. The difference between the recalculated amounts as of January 1, 2012, and the amount actually reported in the prior year financial statements is treated as a change in accounting principle in accordance with SSAP No. 3 *Accounting Changes and Correction Errors (SSAP No. 3)*. The cumulative effect of this change in accounting principle did not have a material impact on the financial statements.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable.

B. Statutory Merger

Not Applicable.

C. Assumption Reinsurance

Not Applicable.

D. Impairment Loss

Not Applicable.

4. Discontinued Operations

Not Applicable.

5. Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

Not Applicable.

B. Debt Restructuring

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

- C. Reverse Mortgages
- Not Applicable.
- D. Loan-Backed Securities
- (1) Not Applicable.

(2) Not Applicable.

(3) Not Applicable.

(4) The Company does not have any investments in an other-than-temporary impairment position at December 31, 2013.

(5) Not Applicable.
- E. Repurchase Agreements and/or Securities Lending Transactions
- (1) The Company has no repurchase agreements or securities lending transactions.

(2) The Company has not pledged any of its assets as collateral.

(3-5) Not Applicable.
- F. Real Estate
- Not Applicable.
- G. Low-Income Housing Tax Credits (LIHTC)
- Not Applicable.
- H. Restricted Assets
- (1) Restricted Assets (Including Pledged)

Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/ (Decrease)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	- %	- %
b. Collateral held under security lending agreements	-	-	-	-	-	-
c. Subject to repurchase agreements	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-
g. Placed under option contracts	-	-	-	-	-	-
h. Letter stock or securities restricted to sale	-	-	-	-	-	-
i. On deposit with states	104,025	107,594	(3,569)	104,025	1.90	1.90
j. On deposit with other regulatory bodies	-	-	-	-	-	-
k. Pledged as collateral not captured in other categories	-	-	-	-	-	-
l. Other restricted assets	-	-	-	-	-	-
m. Total Restricted Assets	\$ 104,025	\$ 107,594	\$ (3,569)	\$ 104,025	1.90 %	1.90 %

- (2) Detail of Assets Pledged as Collateral Not Captured in Other Categories.
- Not Applicable.
- (3) Detail of Other Restricted Assets Categories.
- Not Applicable.

STATEMENT AS OF December 31, 2013 OF THE Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10.0 percent of its admitted assets.
- B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

- A. Due and accrued income was excluded from surplus on the following basis:
- All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loan default.
- B. The total amount excluded was \$0.

8. Derivative Instruments

Not Applicable.

9. Income Taxes

A. Deferred Tax Assets/(Liabilities)

- (1) The components of the net admitted deferred tax asset/(liability) by tax character were as follows:

December 31, 2013			
	Ordinary	Capital	Total
(a) Gross deferred tax assets	\$ 16,496	\$ -	\$ 16,496
(b) Statutory valuation allowance adjustments	-	-	-
(c) Adjusted gross deferred tax assets	16,496	-	16,496
(d) Deferred tax assets nonadmitted	-	-	-
(e) Net admitted deferred tax assets	16,496	-	16,496
(f) Deferred tax liabilities	-	-	-
(g) Net admitted deferred tax asset/(liability)	<u>\$ 16,496</u>	<u>\$ -</u>	<u>\$ 16,496</u>

December 31, 2012			
	Ordinary	Capital	Total
(a) Gross deferred tax assets	\$ -	\$ -	\$ -
(b) Statutory valuation allowance adjustments	-	-	-
(c) Adjusted gross deferred tax assets	-	-	-
(d) Deferred tax assets nonadmitted	-	-	-
(e) Net admitted deferred tax assets	-	-	-
(f) Deferred tax liabilities	-	-	-
(g) Net admitted deferred tax asset/(liability)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Change			
	Ordinary	Capital	Total
(a) Gross deferred tax assets	\$ 16,496	\$ -	\$ 16,496
(b) Statutory valuation allowance adjustments	-	-	-
(c) Adjusted gross deferred tax assets	16,496	-	16,496
(d) Deferred tax assets nonadmitted	-	-	-
(e) Net admitted deferred tax assets	16,496	-	16,496
(f) Deferred tax liabilities	-	-	-
(g) Net admitted deferred tax asset/(liability)	<u>\$ 16,496</u>	<u>\$ -</u>	<u>\$ 16,496</u>

- (2) The amount of admitted adjusted gross deferred tax assets under SSAP No. 101 were as follows:

December 31, 2013			
	Ordinary	Capital	Total
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 16,496	\$ -	\$ 16,496
(b) Adjusted gross deferred tax assets expected to be realized after	-	-	-
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	-
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	789,482
(c) Adjusted gross deferred tax assets offset by gross deferred tax liabilities	-	-	-
(d) Deferred tax assets admitted as the result of application of SSAP No. 101. Total	<u>\$ 16,496</u>	<u>\$ -</u>	<u>\$ 16,496</u>

STATEMENT AS OF December 31, 2013 OF THE Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

		December 31, 2012		
		Ordinary	Capital	Total
(a)	Federal income taxes paid in prior years recoverable through loss carrybacks	\$ -	\$ -	\$ -
(b)	Adjusted gross deferred tax assets expected to be realized after	-	-	-
1.	Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	-
2.	Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	749,752
(c)	Adjusted gross deferred tax assets offset by gross deferred tax liabilities	-	-	-
(d)	Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ -	\$ -	\$ -

		Change		
		Ordinary	Capital	Total
(a)	Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 16,496	\$ -	\$ 16,496
(b)	Adjusted gross deferred tax assets expected to be realized after	-	-	-
1.	Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	-
2.	Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	39,730
(c)	Adjusted gross deferred tax assets offset by gross deferred tax liabilities	-	-	-
(d)	Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ 16,496	\$ -	\$ 16,496

(3) The ratio percentage used to determine recovery period and threshold limitation amount was as follows:

		December 31, 2013	December 31, 2012
(a)	Ratio percentage used to determine recovery period and threshold limitation amount	610%	19227910%
(b)	Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2 b.2 above	5,141,258	4,999,257

(4) The impact of tax planning strategies on adjusted gross DTAs and net admitted DTAs was as follows:

		December 31, 2013		December 31, 2012		Change	
		Ordinary	Capital	Ordinary	Capital	Ordinary	Capital
(a)	Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.						
1.	Adjusted gross DTAs amount from note 9A1(c)	16,496	-	-	-	16,496	-
2.	Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0%	0%	0%	0%	0%	0%
3.	Net admitted adjusted gross DTAs amount from note 9A1(e)	16,496	-	-	-	16,496	-
4.	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning	0%	0%	0%	0%	0%	0%
(b)	Does the Company's tax planning strategies include the use of reinsurance?	Yes [] No [X]					

B. There are no temporary differences for which a DTL has not been established.

C. Current and deferred income taxes

(1) Current income taxes incurred consist of the following major components:

		December 31, 2013	December 31, 2012	Change
(a)	Federal	\$ 101,840	\$ (401)	\$ 102,241
(b)	Foreign	-	-	-
(c)	Subtotal	101,840	(401)	102,241
(d)	Federal income tax on net capital gains	-	-	-
(e)	Utilization of capital loss carryforwards	-	-	-
(f)	Other	-	-	-
(g)	Federal and foreign income taxes incurred	\$ 101,840	\$ (401)	\$ 102,241

STATEMENT AS OF December 31, 2013 OF THE Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(2)-(3) The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and deferred tax liabilities are as follows:

DTAs resulting from Book/Tax Differences in:

	December 31, 2013	December 31, 2012	Change
(a) Ordinary			
1. Discounting of unpaid losses	\$ 3,773	\$ -	\$ 3,773
2. Unearned premium reserve	12,712	-	12,712
3. Policyholder reserves	-	-	-
4. Investments	-	-	-
5. Deferred acquisition costs	-	-	-
6. Policyholder dividends accrual	-	-	-
7. Fixed assets	-	-	-
8. Compensation and benefit accruals	-	-	-
9. Pension accruals	-	-	-
10. Receivables - nonadmitted	-	-	-
11. Net operating loss carry-forward	-	-	-
12. Tax credit carry-forward	-	-	-
13. Other	-	-	-
14. Bad debts	11	-	11
99. Subtotal	16,496	-	16,496
(b) Statutory valuation allowance adjustment	-	-	-
(c) Nonadmitted	-	-	-
(d) Admitted ordinary DTAs	16,496	-	16,496
(e) Capital			
1. Investments	-	-	-
2. Net capital loss carryforward	-	-	-
3. Real estate	-	-	-
4. Other	-	-	-
99. Subtotal	-	-	-
(f) Statutory valuation allowance adjustment	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital DTAs	-	-	-
(i) Admitted DTAs	\$ 16,496	\$ -	\$ 16,496

DTLs resulting from Book/Tax Differences in:

	December 31, 2013	December 31, 2012	Change
(a) Ordinary			
1. Investments	\$ -	\$ -	\$ -
2. Fixed assets	-	-	-
3. Deferred and uncollected premium	-	-	-
4. Policyholder reserves	-	-	-
5. Other	-	-	-
99. Subtotal	-	-	\$ -
(b) Capital			
1. Investments	-	-	-
2. Real estate	-	-	-
3. Other	-	-	-
99. Subtotal	-	-	-
(c) DTLs	-	-	-
(4) Net deferred tax asset/(liability)	\$ 16,496	\$ -	\$ 16,496

D. The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

	Amount	Tax Effect	Effective Tax Rate
Income before Taxes	\$ 259,558	\$ 90,845	35.00%
Tax-exempt Interest	-	-	0.00%
Dividends Received Deduction	-	-	0.00%
Proration	-	-	0.00%
Meals & Entertainment	-	-	0.00%
Statutory Valuation Allowance Adjustment	-	-	0.00%
Foreign Taxes	-	-	0.00%
Change to NonAdmit	(15,717)	(5,501)	-2.12%
Other, Including Prior Year True-Up	-	-	0.00%
Total	\$ 243,841	\$ 85,344	32.88%
Federal income taxes incurred [expense/(benefit)]		\$ 101,840	39.24%
Tax on capital gains/(losses)		-	0.00%
Change in net deferred income tax [charge/(benefit)]		(16,496)	-6.36%
Total statutory income taxes		\$ 85,344	32.88%

STATEMENT AS OF December 31, 2013 OF THE Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

E. Operating loss and tax credit carryforwards and protective tax deposits

(1) At December 31, 2013, the Company had no net operating loss carryforwards.

At December 31, 2013, the Company had no capital loss carryforwards.

At December 31, 2013, the Company had an AMT credit carryforwards, which does not expire, in the amount of \$0.

(2) The following table demonstrates the income tax expense for 2011, 2012 and 2013 that is available for the recoupment in the event of future net losses:

	Ordinary	Capital	Total
2011	\$ -	\$ -	\$ -
2012	-	-	-
2013	101,840	-	101,840
Total	\$ 101,840	\$ -	\$ 101,840

(3) There are no deposits admitted under IRC § 6603.

E. The Company is included in a consolidated federal income tax return with its parent Company, Humana Inc. The Company has a written agreement, approved by the Company’s Board of Directors, which sets forth the manner in which the total combined federal income tax is allocated to each entity which is a party to the consolidation. Pursuant to this agreement, the Company has the enforceable right to be paid for any future net losses it may incur. The Company has no contingent income tax liabilities. The Company has not adjusted gross deferred tax assets due to changes in judgment about the reliability of the related deferred tax asset. The Company has no deposits under Section 6603 of the Internal Revenue Code.

HUMANA INC. AND SUBSIDIARIES INCLUDED IN 2013 CONSOLIDATED FEDERAL INCOME TAX RETURN

CALENDAR YEAR ENDED DECEMBER 31, 2013
AFFILIATIONS SCHEDULE

CORPORATE NAME AND EMPLOYER IDENTIFICATION NUMBER
THE ADDRESS OF EACH COMPANY IS: P. O. BOX 740026, LOUISVILLE, KY 40201

CORP. NO.	CORPORATION NAME	EMPLOYER IDENTIFICATION NUMBER
1	HUMANA INC.	61-0647538
2	154TH STREET MEDICAL PLAZA, INC.	65-0851053
3	516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, INC.	20-5309363
4	54TH STREET MEDICAL PLAZA, INC.	65-0293220
5	AGILE TECHNOLOGY SOLUTIONS, INC.	46-1225873
6	AMBULATORY CARE SOLUTIONS OF ARKANSAS, LLC	27-0200477
7	AMBULATORY CARE SOLUTIONS OF OHIO, LLC	26-4179617
8	AMBULATORY CARE SOLUTIONS, LLC	37-1485812
9	AMERICAN DENTAL PLAN OF NORTH CAROLINA, INC.	56-1796975
10	AMERICAN DENTAL PROVIDERS OF ARKANSAS, INC.	58-2302163
11	AMERICAN ELDERCARE, INC.	65-0380198
12	AMERICAN INSTITUTE FOR SLEEP PERFORMANCE, INC.	52-2413969
13	ANVITA HEALTH (ANVITA, INC.)	77-0540040
14	ARCADIAN CHOICE, INC.	27-3387971
15	ARCADIAN HEALTH PLAN OF GEORGIA, INC.	20-5089611
16	ARCADIAN HEALTH PLAN OF LOUISIANA, INC.	20-8688983
17	ARCADIAN HEALTH PLAN OF NORTH CAROLINA, INC.	26-0500828
18	ARCADIAN HEALTH PLAN, INC.	20-1001348
19	ARCADIAN MANAGEMENT SRVICES, INC.	86-0836599
20	AUTO INJURY SOLUTIONS, INC.	26-2681597
21	CAC MEDICAL CENTERs HOLDINGS, INC. (fka CPHP Holdings, Inc.)	30-0117876
22	CAC-FLORIDA MEDICAL CENTERS, LLC	26-0010657
23	CARENETWORK, INC.	39-1514846
24	CAREPLUS HEALTH PLANS, INC.	59-2598550
25	CARITEN HEALTH PLAN, INC.	62-1579044
26	CARITEN INSURANCE COMPANY	62-0729865

STATEMENT AS OF December 31, 2013 OF THE Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

27	CERTIFY DATA SYSTEMS, INC.	80-0072760
28	CHA HMO, INC.	61-1279717
29	CHA SERVICE COMPANY, INC.	61-1279716
30	COMPBENEFITS COMPANY	59-2531815
31	COMPBENEFITS CORPORATION	04-3185995
32	COMPBENEFITS DENTAL, INC.	36-3686002
33	COMPBENEFITS DIRECT, INC.	58-2228851
34	COMPBENEFITS INSURANCE COMPANY	74-2552026
35	COMPBENEFITS OF ALABAMA, INC.	63-1063101
36	COMPBENEFITS OF GEORGIA, INC.	58-2198538
37	COMPLEX CLINICAL MANAGEMENT, INC.	45-3713941
38	COMPREHENSIVE HEALTH INSIGHTS, INC. (fka Competitive Health Analytics, Inc.)	42-1575099
39	CONCENTRA HEALTH SERVICES, INC.	75-2510547
40	CONCENTRA INC.	26-4823524
41	CONCENTRA INTEGRATED SERVICES, INC.	04-2658593
42	CONCENTRA OPERATING CORPORATION	04-3363415
43	CONCENTRA SOLUTIONS, INC.	75-2678146
44	CONTINUUCARE CORPORATION	59-2716023
45	CONTINUUCARE MSO, INC.	65-0780986
46	CONTINUUCARE CLINICS, INC.	20-5398379
47	CONTINUUCARE MANAGED CARE, INC.	65-0796178
48	CONTINUUCARE MEDICAL MANAGEMENT, INC.	65-0791417
49	CONTINUUCARE PAYMENT CORP.	65-0938586
50	CONTINUUCARE PHYSICIAN PRACTICE MANAGEMENT, INC.	65-0748363
51	CORPHEALTH PROVIDER LINK, INC.	20-8236655
52	CORPHEALTH, INC.	75-2043865
53	DEFENSEWEB TECHNOLOGIES, INC.	33-0916248
54	DENTAL CARE PLUS MANAGEMENT, CORP.	36-3512545
55	DENTICARE, INC.	76-0039628
56	ELDER HEALTH CARE OF VOLUSIA, INC.	59-3657970
57	EMPHEYSYS INSURANCE COMPANY	31-0935772
58	EMPHEYSYS, INC.	61-1237697
59	HARRIS, ROTHENBERG INTERNATIONAL, INC.	27-1649291
60	HARTE PLACEMENTS, INC.	11-2795529
61	HEALTH VALUE MANAGEMENT, INC.	61-1223418
62	HOMECARE HEALTH SOLUTIONS, INC.	45-3116348
63	HUMANA ACTIVE OUTLOOK, INC.	20-4835394
64	HUMANA ADVANTAGECARE PLAN, INC.	65-1137990
65	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	37-1326199
66	HUMANA DENTAL COMPANY	59-1843760
67	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.	58-2209549
68	HUMANA GOVERNMENT BUSINESS, INC.	61-1241225
69	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC. HUMANA HEALTH COMPANY OF NEW YORK, INC. (fka ArcadianHealth Plan of New York, Inc.)	72-1279235 26-2800286
71	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	61-1041514
72	HUMANA HEALTH PLAN INTERESTS, INC.	71-0732385
73	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	26-3473328
74	HUMANA HEALTH PLAN OF OHIO, INC.	31-1154200
75	HUMANA HEALTH PLAN OF TEXAS, INC.	61-0994632
76	HUMANA HEALTH PLAN, INC.	61-1013183
77	HUMANA INNOVATION ENTERPRISES, INC.	61-1343791
78	HUMANA INSURANCE COMPANY	39-1263473
79	HUMANA INSURANCE COMPANY OF KENTUCKY	61-1311685
80	HUMANA INSURANCE COMPANY OF NEW YORK	20-2888723
81	HUMANA MARKETPOINT, INC.	61-1343508
82	HUMANA MEDICAL PLAN OF MICHIGAN, INC.	27-3991410
83	HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.	27-4460531
84	HUMANA MEDICAL PLAN OF UTAH, INC.	20-8411422
85	HUMANA MEDICAL PLAN, INC.	61-1103898
86	HUMANA PHARMACY SOLUTIONS, INC.	45-2254346
87	HUMANA PHARMACY, INC.	61-1316926
88	HUMANA REGIONAL HEALTH PLAN, INC. (fka Arkansas Community Care, Inc.)	20-2036444
89	HUMANA VETERANS HEALTHCARE SERVICES, INC.	20-8418853
90	HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CO.	39-1525003
91	HUMANACARES, INC.	65-0274594
92	HUMANADENTAL INSURANCE COMPANY	39-0714280
93	HUMANADENTAL, INC.	61-1364005

NOTES TO THE FINANCIAL STATEMENTS

94	HUMCO, INC.	61-1239538
95	HUM-e-FL, INC.	61-1383567
96	HUM-HOLDINGS INTERNATIONAL, INC.	26-3583438
97	KANAWHA HEALTHCARE SOLUTIONS, INC.	62-1245230
98	KANAWHA INSURANCE COMPANY	57-0380426
99	KMG AMERICA CORPORATION	20-1377270
100	MANAGED CARE INDEMNITY, INC.	61-1232669
101	MD CARE, INC.,.	80-0581269
102	METCARE OF FLORIDA, INC.	46-0702349
103	METROPOLITAN HEALTH NETWORKS, INC.	45-3039782
104	NATIONAL HEALTHCARE RESOURCES, INC.	27-0452360
105	OMP INSURANCE COMPANY, LTD.	65-1096853
106	PHP COMPANIES, INC.	80-0828590
107	PREFERRED HEALTH PARTNERSHIP OF TENNESSEE, INC.	02-0660212
108	PREFERRED HEALTH PARTNERSHIP, INC.	20-0301155
109	PRESERVATION ON MAIN, INC.	34-2067248
110	PROFESSIONAL SLEEP DIAGNOSTICS, INC.	45-5299341
111	SENIORBRIDGE (NC), INC.	04-3580066
112	SENIORBRIDGE (UT), INC.	81-0557727
113	SENIORBRIDGE (WA), INC.	52-2460048
114	SENIORBRIDGE CARE MANAGEMENT, INC.	46-0677759
115	SENIORBRIDGE FAMILY COMPANIES (AZ), INC.	36-4484449
116	SENIORBRIDGE FAMILY COMPANIES (CA), INC.	36-4484443
117	SENIORBRIDGE FAMILY COMPANIES (CT), INC.	20-0260501
118	SENIORBRIDGE FAMILY COMPANIES (FL), INC.	38-3643832
119	SENIORBRIDGE FAMILY COMPANIES (GA), INC.	45-5299154
120	SENIORBRIDGE FAMILY COMPANIES (IL), INC.	01-0766084
121	SENIORBRIDGE FAMILY COMPANIES (KY), INC.	46-0691871
122	SENIORBRIDGE FAMILY COMPANIES (LA), INC.	46-0764555
123	SENIORBRIDGE FAMILY COMPANIES (MA), INC.	13-4036798
124	SENIORBRIDGE FAMILY COMPANIES (MD), INC.	74-2352809
125	SENIORBRIDGE FAMILY COMPANIES (MN), INC.	52-1157181
126	SENIORBRIDGE FAMILY COMPANIES (MO), INC.	36-3654697
127	SENIORBRIDGE FAMILY COMPANIES (NJ), INC.	20-3585174
128	SENIORBRIDGE FAMILY COMPANIES (NY), INC.	36-4484443
129	SENIORBRIDGE FAMILY COMPANIES (OH), INC.	20-0260501
130	SENIORBRIDGE FAMILY COMPANIES (PA), INC.	38-3643832
131	SENIORBRIDGE FAMILY COMPANIES (TN), INC.	45-5299154
132	SENIORBRIDGE FAMILY COMPANIES (TX), INC.	01-0766084
133	SENIORBRIDGE FAMILY COMPANIES (VA), INC.	46-0691871
134	SENIORBRIDGE FAMILY COMPANIES (WI), INC.	46-0764555
135	SENIORBRIDGE FAMILY COMPANIES, INC.	13-4036798
136	SEREDOR CENTERS, INC.	80-0494470
137	SEREDOR CORPORATION	27-0338595
138	ST MARY'S MEDICAL PARK PHARMACY, INC.	86-0597187
139	SUNSET HARBOR HOME HEALTH, INC.	65-0583910
140	SYMPHONY HEALTH PARTNERS, INC.	45-5032192
141	TEXAS DENTAL PLANS, INC.	74-2352809
142	THE DENTAL CONCERN, INC.	52-1157181
143	THE DENTAL CONCERN, LTD	36-3654697
144	UNITED SLEEP DIAGNOSTICS, INC.	52-2209930
145	VALOR HEATHCARE, INC.	20-3585174

NOTES TO THE FINANCIAL STATEMENTS

10. Information Concerning Parent, Subsidiaries and Affiliates

- A.-F. The Company has a management contract with Humana and other related parties whereby the Company is provided with medical and executive management, information systems, claims processing, billing and enrollment, and telemarketing and other services as required by the Company. Management fees charged to operations for the year ended December 31, 2013 were approximately \$315 thousand. There was no management fees charged to operations for the year ended December 31, 2012. As a part of this agreement, Humana makes cash disbursements on behalf of the Company which includes, but is not limited to, medical related items, general and administrative expenses, commissions and payroll. Humana is reimbursed by the Company weekly, based upon historical pattern of amounts and timing. Each month, these estimates are adjusted to ultimately settle upon actual disbursements made on behalf of the Company. As a result, any residual inter-Company balances are immediately settled in the following month. The Company continues to be primarily liable for any outstanding payments made on behalf of the Company, should Humana not be able to fulfill its obligations. No dividends were paid in 2013. At December 31, 2013, the Company reported \$174 thousand due from Humana Inc. Amounts due to or from parent are generally settled within 30 days.
- G. All outstanding shares of the Company are owned by the Parent Company.
- H. Not Applicable.
- I. Not Applicable.
- J. Not Applicable.
- K. Not Applicable.
- L. Not Applicable.

11. Debt

- A. Debt Including Capital Notes
- The Company has no debentures outstanding.
- The Company has no capital notes outstanding.
- The Company does not have any reverse repurchase agreements.
- B. Federal Home Loan Bank (FHLB) Agreements
- The Company does not have any FHLB agreements.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A-D. Defined Benefit Plans

Not Applicable.

F. Defined Contribution Plans

Not Applicable.

F. Multiemployer Plans

Not Applicable.

G. Consolidated/Holding Company Plans

The Company employees are eligible to participate in the Humana Retirement and Savings Plan ("the Plan"), a defined contribution plan, sponsored by Humana Inc. The Plan maintains two accounts, the Savings Account and the Retirement Account.

Humana Inc.'s total contributions paid to the Savings and Retirement accounts of the Humana Retirement Savings Plan were \$149.0 million and \$136.8 million for the years ended December 31, 2013 and 2012, respectively. As of December 31, 2013 and 2012, the fair market value of the Humana Retirement Savings Plan's assets was \$2.8 billion and \$2.1 billion, respectively.

H. Postemployment Benefits and Compensated Absences

Not Applicable.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- (1) The Company has \$1.00 par value common stock with 1,000 shares authorized and 1,000 shares issued and outstanding. All shares are common stock shares.
- (2) The Company has no preferred stock outstanding.
- (3-5) Dividends are noncumulative and are paid as determined by the Board of Directors. Dividends are subject to the approval of the Department of Insurance if such dividend distribution exceeds the lesser of the Company's prior year net operating profits or 10 percent of policyholders surplus funds derived from realized net operating profits. Within the limitations above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders. No dividends were paid as of December 31, 2013.
- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (7) Not Applicable.
- (8) Not Applicable.
- (9) Not Applicable.
- (10) The portion of unassigned funds represented or reduced by cumulative unrealized gains and losses is \$0.
- (11) Not Applicable.
- (12) Not Applicable.
- (13) Not Applicable.

14. Contingencies

A. Contingent Commitments

Not Applicable.

B. Assessments

Not Applicable.

C. Gain Contingencies

Not Applicable.

D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits

Not Applicable.

E. All Other Contingencies

During the ordinary course of business, the Company is subject to pending and threatened legal actions. Management of the Company does not believe that any of these actions will have a material adverse effect on the Company's surplus, results of operations or cash flows. However, the likelihood or outcome of current or future legal proceedings cannot be accurately predicted, and they could adversely affect the Company's surplus, results of operations and cash flows.

The Company is not aware of any other material contingent liabilities as of December 31, 2013.

15. Leases

A. Lessee Operating Lease

Not Applicable.

B. Lessor Leases

Not Applicable.

16. Information about Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

The Company has no investment in Financial Instruments with Off Balance Sheet Risk or Concentrations of Credit Risk.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

Not Applicable.

B. Transfer and Servicing of Financial Assets

Not Applicable.

C. Wash Sales

Not Applicable.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

B. ASC Plans

Not Applicable.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

Not Applicable.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not Applicable.

20. Fair Value Measurements

A. (1) The Company did not have any financial assets carried at fair value at December 31, 2013.

(2) Rollforward of Level 3 Items

Not Applicable.

(3) There were no fair value measurements using significant unobservable inputs. The Company reports transfers between fair value hierarchy levels at the end of the reporting period. There were no transfers between the fair value hierarchy levels between December 31, 2012 and 2013.

(4) Fair value of actively traded debt securities are based on quoted market prices. Fair value of other debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates generally using a market valuation approach, or, less frequently, an income valuation approach and are generally classified as Level 2. The Company generally obtains one quoted price for each security from a third party pricing service. These prices are generally derived from recently reported trades for identical or similar securities, including adjustments through the reporting date based upon observable market information. When quoted prices are not available, the third party pricing service may use quoted market prices of comparable securities or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include benchmark yields, reported trades, credit spreads, broker quotes, default rates and prepayment speeds.

The Company is responsible for the determination of fair value and as such, the Company performs analysis on the prices received from the third party pricing service to determine whether the prices are reasonable estimates of fair value. The Company's analysis includes a review of monthly price fluctuations as well as a quarterly comparison of the prices received from the pricing service to prices reported by the Company's third party investment advisor. Based on the Company's internal price verification procedures and review of fair value methodology documentation provided by the third party pricing service, there were no material adjustments to the prices obtained from the third party pricing service during the year ended December 31, 2013.

(5) Derivative Fair Values

Not Applicable.

B. Other Fair Value Disclosures

Not Applicable.

C. Fair Values for All Financial Instruments by Levels 1,2 and 3

Not Applicable.

D. Financial Instruments for which Not Practicable to Estimate Fair Values

Not Applicable.

21. Other Items

A. Extraordinary Items

Not Applicable.

B. Troubled Debt Restructuring: Debtors

Not Applicable.

C. Other Disclosures and Unusual Items

Not Applicable.

D. Business Interruption Insurance Recoveries

Not Applicable.

E. State Transferable and Non-transferable Tax Credits

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

F. Subprime Mortgage Related Risk Exposure

(1) The Company consults with its external investment managers to assess its subprime mortgage related risk exposure. Certain characteristics are utilized to determine if a mortgage-backed security has subprime exposure. The main characteristics reviewed when determining this are the collateral and structure of the security, the loan purpose, loan documentation, occupancy, geographical location, loan size and type. Subprime mortgage borrowers typically have lower credit scores, lower loan balances and higher loan-to-values than other conforming loans. Management’s practices include reviewing quantitative and qualitative credit models that analyze loan-level collateral composition, historical underwriter performance trends, the impact of macroeconomic factors, and issuer risks; as well as reviewing the estimation of security cash flows and monthly model calibrations.

(2) Direct exposure through investments in sub-prime mortgage loans.

The Company has no direct exposure through investment to sub-prime mortgage loans.

(3) Direct exposure through other investments:

- a. Residential mortgage backed securities – No substantial exposure noted.
- b. Commercial mortgage backed securities – No substantial exposure noted.
- c. Collateralized debt obligations – No substantial exposure noted.
- d. Structured securities – No substantial exposure noted.
- e. Equity investments in SCAs – No substantial exposure noted.
- f. Other assets – No substantial exposure noted.
- g. Total – No substantial exposure noted.

(4) Underwriting exposure to sub-prime mortgage risk through Mortgage Guaranty coverage, Financial Guaranty coverage, Directors and Officers liability coverage, or Errors and Omissions liability coverage.

Not Applicable.

Classification of mortgage related securities is primarily based on information from outside data services, including rating agency actions. When considering our exposure, the Company evaluated the percentage of full documentation loans, percent of owner occupied properties, FICO scores, average margin for ARM loans, percent of loans with prepayment penalties, the existence of non-traditional underwriting standards, among other factors.

G. Retained Assets

Not Applicable.

H. Offsetting and Netting of Assets and Liabilities

Not Applicable.

I. Joint and Several Liabilities

Not Applicable.

22. Events Subsequent

On January 1, 2014, the Company will be subject to an annual fee under section 9010 of the Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity’s net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity’s portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1, 2014. As of December 31, 2013, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2014, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2014 to be \$1.0. Had the 2014 annual health insurance fee accrual been accelerated into 2013, this assessment would have 2013 capital and surplus and risk based capital ratio by 19.0%. The Company expects to offset the impact of the health insurance industry fee in its results of operations in 2014 through pretax income improvement; however, there can be no assurance that it will be able to do so.

If the ACA assessment had been recorded as of December 31, 2013, the impact on the company’s operations, not considering any premium and/or benefits adjustments, would have been as follows:

	Total Capital and Surplus	Net Income	Total Liabilities
2013 Annual Statement Balances	\$ 5.2	\$ 0.2	\$ 0.4
Estimated ACA Fee Assessment	(1.0)	(1.0)	1.0
Pro Forma 2013 Balances	<u>\$ 4.2</u>	<u>\$ (0.8)</u>	<u>\$ 1.4</u>

The Company is not aware of any other events occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition. Subsequent events have been considered through February 21, 2014 for the statutory statement issued on February 21, 2014.

- A. ACA fee assessment payable \$1.0 million
- B. Assessment expected to impact RBC -19.0%

NOTES TO THE FINANCIAL STATEMENTS

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10.0 percent or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes () No (X)

- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10.0 percent or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes () No (X)

- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

B. Uncollectible Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A. The Company estimates accrued retrospective premium adjustments for its Medicare business through a mathematical approach using an algorithm based upon settlement procedures defined by contracts with CMS.

- B. The Company records accrued retrospective premium as an adjustment to earned premiums.

- C. The amount of net premiums written by the Company at December 31, 2013 that are subject to retrospective rating features was \$2,499 or 0.14 percent. No other net premiums written by the Company are subject to retrospective rating features.

- D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

Not Applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2012 were \$0. As of December 31, 2013, \$0 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. There are no reserves remaining for prior years as a result of reestimation of unpaid claims and claim adjustment expenses principally on any book of business. There has been neither a favorable nor an unfavorable prior-year development since December 31, 2012. The Company has no retrospectively rated policies.

NOTES TO THE FINANCIAL STATEMENTS

26. Intercompany Pooling Arrangements

Not Applicable.

27. Structured Settlements

The Company has no structured settlements.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimate Pharmacy Rebates as Reported on Financial Statements		Pharmacy Rebates as Billed or Otherwise Confirmed		Actual Rebates Received Within 90 Days of Billing		Actual Rebates Received Within 91 to 180 Days of Billing		Actual Rebates Received More than 181 Days after Billing	
12/31/2013	\$	8,031	\$	8,031	\$	-	\$	-	\$	-
9/30/2013	\$	8,434	\$	8,434	\$	8,417	\$	-	\$	-
6/30/2013	\$	6,142	\$	6,142	\$	6,142	\$	-	\$	-
3/31/2013	\$	7,102	\$	7,102	\$	7,097	\$	-	\$	5
12/31/2012	\$	-	\$	-	\$	-	\$	-	\$	-
9/30/2012	\$	-	\$	-	\$	-	\$	-	\$	-
6/30/2012	\$	-	\$	-	\$	-	\$	-	\$	-
3/31/2012	\$	-	\$	-	\$	-	\$	-	\$	-
12/31/2011	\$	-	\$	-	\$	-	\$		\$	
9/30/2011	\$	-	\$	-	\$	-	\$	-	\$	-
6/30/2011	\$	-	\$	-	\$	-	\$	-	\$	-
3/31/2011	\$	-	\$	-	\$	-	\$	-	\$	-

B. Risk Sharing Receivables

Risk Sharing receivables include estimated recoveries on plan to plan and state to plan adjustments attributable to benefits paid for Medicare beneficiaries. These estimated recoveries from other Medicare carriers and state Medicaid plans are recorded based upon reported overpayments, adjusted for historical recovery patterns.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

1.

Liability carried for premium deficiency reserves

\$

-
2.

Date of the most recent evaluation of this liability

December 31, 2013
3.

Was anticipated investment income utilized in the calculation?

Yes ()

No (X)

The Company did recognize the time value of money by discounting future losses at an annual interest rate of 0.10 percent.

31. Anticipated Salvage and Subrogation

Not Applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A and 2

Yes [X] No []

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [X] No [] N/A []

1.3

State Regulating?

Michigan

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]

2.2

If yes, date of change:

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

3.4

By what department or departments?

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [] No [] N/A [X]

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [] No [] N/A [X]

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business?
4.12 renewals?

Yes [] No [X]
Yes [] No [X]

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business?
4.22 renewals?

Yes [] No [X]
Yes [] No [X]

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]

5.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]

6.2

If yes, give full information:

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [] No [X]

7.2

If yes,
7.21 State the percentage of foreign control;
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

0.0 %

1	2
Nationality	Type of Entity

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
PricewaterhouseCoopers LLC, 500 West Main, Suite 1800, Louisville, Kentucky 40202-4264
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain
.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Jonathan Albert Canine, Vice President and Appointed Actuary, 500 West Main Street, Louisville, KY 40202
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company
12.12 Number of parcels involved0
12.13 Total book/adjusted carrying value\$0
- 12.2 If, yes provide explanation:
.....
13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
.....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:
.....
- 14.2 Has the code of ethics for senior managers been amended? Yes [X] No []
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
Revised based on general policy and regulatory changes
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
.....

GENERAL INTERROGATORIES

- | | | | |
|--|--------------------------------------|--|-------------|
| 1
American Bankers Association (ABA) Routing Number | 2
Issuing or Confirming Bank Name | 3
Circumstances That Can Trigger the Letter of Credit | 4
Amount |
| | | | |

16.	Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?	Yes [X]	No []
17.	Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?	Yes [X]	No []
18.	Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person?	Yes [X]	No []

19.	Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?		Yes []	No [X]
20.1	Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):	20.11 To directors or other officers.....	\$	0
		20.12 To stockholders not officers.....	\$	0
		20.13 Trustees, supreme or grand (Fraternal Only)	\$	0
20.2	Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):	20.21 To directors or other officers.....	\$	0
		20.22 To stockholders not officers.....	\$	0
		20.23 Trustees, supreme or grand (Fraternal Only)	\$	0
21.1	Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?		Yes []	No [X]
21.2	If yes, state the amount thereof at December 31 of the current year:	21.21 Rented from others.....	\$	0
		21.22 Borrowed from others.....	\$	0
		21.23 Leased from others	\$	0
		21.24 Other	\$	0
22.1	Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?		Yes []	No [X]
22.2	If answer is yes:	22.21 Amount paid as losses or risk adjustment	\$	0
		22.22 Amount paid as expenses	\$	0
		22.23 Other amounts paid	\$	0
23.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?		Yes [X]	No []
23.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:		\$	173,994

24.01	Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03).....	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]
24.02	If no, give full and complete information relating thereto		
24.03	For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)		
24.04	Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>] N/A [<input checked="" type="checkbox"/>]
24.05	If answer to 24.04 is yes, report amount of collateral for conforming programs.	\$	0
24.06	If answer to 24.04 is no, report amount of collateral for other programs.	\$	0
24.07	Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>] N/A [<input checked="" type="checkbox"/>]
24.08	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>] N/A [<input checked="" type="checkbox"/>]
24.09	Does the reporting entity or the reporting entity 's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>] N/A [<input checked="" type="checkbox"/>]

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Humana Medical Plan of Michigan, Inc.

GENERAL INTERROGATORIES

24.10 For the reporting entity’s security lending program state the amount of the following as December 31 of the current year:

24.101	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$	0
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$	0
24.103	Total payable for securities lending reported on the liability page.	\$	0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

Yes [X] No []

25.2	If yes, state the amount thereof at December 31 of the current year:	25.21 Subject to repurchase agreements	\$	0
		25.22 Subject to reverse repurchase agreements	\$	0
		25.23 Subject to dollar repurchase agreements	\$	0
		25.24 Subject to reverse dollar repurchase agreements	\$	0
		25.25 Pledged as collateral	\$	0
		25.26 Placed under option agreements	\$	0
		25.27 Letter stock or other securities restricted as to sale	\$	0
		25.28 On deposit with state or other regulatory body	\$	104,025
		25.29 Other	\$	0

25.3 For category (25.27) provide the following:

1	2	3
Nature of Restriction	Description	Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes [] No [] N/A [X]

If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year.

\$ 0

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes [X] No []

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian's Address
JP Morgan Chase	4 Metro Tech Center, 16th Floor Mail Code NY 1-C512, Brooklyn NY 11245 Attn:Barbara J. Walsh

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes [] No [X]

28.04 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of brokers/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository Number(s)	Name	Address

GENERAL INTERROGATORIES

- 29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])?
- Yes [] No [X]
- 29.2 If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
29.2999 - Total		0

- 29.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	5,367,336	5,367,553	217
30.2 Preferred stocks	0	0	0
30.3 Totals	5,367,336	5,367,553	217

- 30.4 Describe the sources or methods utilized in determining the fair values:
Fair value of actively traded debt and equity securities are based on quoted market prices.Fair value of inactively traded debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates using either a market or income valuation.
- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]
- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []
- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
Fair value of actively traded debt and equity securities are based on quoted market prices.Fair value of inactively traded debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates using either a market or income valuation.
- 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []
- 32.2 If no, list exceptions:
.....

GENERAL INTERROGATORIES

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1	2
Name	Amount Paid

34.1 Amount of payments for legal expenses, if any?\$0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1	2
Name	Amount Paid

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [] No [X]

1.2

If yes, indicate premium earned on U.S. business only.

\$ 0

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ 0

1.31

Reason for excluding

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above

\$ 0

1.5

Indicate total incurred claims on all Medicare Supplement Insurance.

\$ 0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$ 0

1.62

Total incurred claims

\$ 0

1.63

Number of covered lives

0

All years prior to most current three years:

1.64

Total premium earned

\$ 0

1.65

Total incurred claims

\$ 0

1.66

Number of covered lives

0

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$ 0

1.72

Total incurred claims

\$ 0

1.73

Number of covered lives

0

All years prior to most current three years:

1.74

Total premium earned

\$ 0

1.75

Total incurred claims

\$ 0

1.76

Number of covered lives

0

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator

1,799,432

0

2.2

Premium Denominator

1,799,432

0

2.3

Premium Ratio (2.1/2.2)

1.000

0.000

2.4

Reserve Numerator

134,041

0

2.5

Reserve Denominator

134,041

0

2.6

Reserve Ratio (2.4/2.5)

1.000

0.000

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [] No [X]

3.2

If yes, give particulars:

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [X] No []

4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [] No [X]

5.1

Does the reporting entity have stop-loss reinsurance?

Yes [X] No []

5.2

If no, explain:
Stop-loss is not required for medicare business

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$ 1,000,000

5.32

Medical Only

\$ 0

5.33

Medicare Supplement

\$ 0

5.34

Dental & Vision

\$ 0

5.35

Other Limited Benefit Plan

\$ 0

5.36

Other

\$ 0

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
Provider contracts include hold harmless and continuation of benefits provisions. HMO has an indemnity agreement with the parent company.

7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [X] No []

7.2

If no, give details

8.

Provide the following information regarding participating providers:

8.1

Number of providers at start of reporting year

25,967

8.2

Number of providers at end of reporting year

28,292

9.1

Does the reporting entity have business subject to premium rate guarantees?

Yes [] No [X]

9.2

If yes, direct premium earned:

9.21

Business with rate guarantees between 15-36 months.

\$ 0

9.22

Business with rate guarantees over 36 months

\$ 0

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Humana Medical Plan of Michigan, Inc.

GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No [X]

10.2 If yes:

10.21 Maximum amount payable bonuses.....\$0

10.22 Amount actually paid for year bonuses.....\$0

10.23 Maximum amount payable withholds.....\$0

10.24 Amount actually paid for year withholds.....\$0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [] No [X]

11.13 An Individual Practice Association (IPA), or, . Yes [] No [X]

11.14 A Mixed Model (combination of above)? Yes [] No [X]

11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes [X] No []

11.3 If yes, show the name of the state requiring such net worth. Michigan

11.4 If yes, show the amount required. \$ 3,000,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]

11.6 If the amount is calculated, show the calculation

Michigan 500.3551

12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
Michigan: Berrien, Cass, Clare, Gladwin, Gratiot, Midland, Livingston, Macomb, Oakland, St. Clair, Washtenaw, Wayne
.....

13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$0

13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

13.4 If yes, please provide the balance of funds administered as of the reporting date. \$0

FIVE-YEAR HISTORICAL DATA

	1 2013	2 2012	3 2011	4 2010	5 2009
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	5,576,193	5,001,815	5,000,000	0	0
2. Total liabilities (Page 3, Line 24)	418,439	2,558	0	0	0
3. Statutory surplus	3,000,000	3,000,000	0	0	0
4. Total capital and surplus (Page 3, Line 33)	5,157,754	4,999,257	5,000,000	0	0
Income Statement (Page 4)					
5. Total revenues (Line 8)	1,799,432	0	0	0	0
6. Total medical and hospital expenses (Line 18)	1,263,372	0	0	0	0
7. Claims adjustment expenses (Line 20)	91,185	0	0	0	0
8. Total administrative expenses (Line 21)	186,304	50	0	0	0
9. Net underwriting gain (loss) (Line 24)	258,571	(50)	0	0	0
10. Net investment gain (loss) (Line 27)	850	1,387	0	0	0
11. Total other income (Lines 28 plus 29)	137	0	0	0	0
12. Net income or (loss) (Line 32)	157,718	1,738	0	0	0
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	559,480	2,759	0	0	0
Risk-Based Capital Analysis					
14. Total adjusted capital	5,157,754	4,999,257	5,000,000	0	0
15. Authorized control level risk-based capital	843,427	26	0	0	0
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	271	0	0	0	0
17. Total members months (Column 6, Line 7)	2,619	0	0	0	0
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	70.2	0.0	0.0	0.0	0.0
20. Cost containment expenses	4.1	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	0.9	0.0	0.0	0.0	0.0
22. Total underwriting deductions (Line 23)	85.6	0.0	0.0	0.0	0.0
23. Total underwriting gain (loss) (Line 24)	14.4	0.0	0.0	0.0	0.0
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	0	0	0	0	0
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	0	0	0	0	0
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories											
			1	Direct Business Only							
				2	3	4	5	6	7	8	9
States, etc.			Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama	AL	N	0	0	0	0	0	0	0	0
2.	Alaska	AK	N	0	0	0	0	0	0	0	0
3.	Arizona	AZ	N	0	0	0	0	0	0	0	0
4.	Arkansas	AR	N	0	0	0	0	0	0	0	0
5.	California	CA	N	0	0	0	0	0	0	0	0
6.	Colorado	CO	N	0	0	0	0	0	0	0	0
7.	Connecticut	CT	N	0	0	0	0	0	0	0	0
8.	Delaware	DE	N	0	0	0	0	0	0	0	0
9.	District of Columbia	DC	N	0	0	0	0	0	0	0	0
10.	Florida	FL	N	0	0	0	0	0	0	0	0
11.	Georgia	GA	N	0	0	0	0	0	0	0	0
12.	Hawaii	HI	N	0	0	0	0	0	0	0	0
13.	Idaho	ID	N	0	0	0	0	0	0	0	0
14.	Illinois	IL	N	0	0	0	0	0	0	0	0
15.	Indiana	IN	N	0	0	0	0	0	0	0	0
16.	Iowa	IA	N	0	0	0	0	0	0	0	0
17.	Kansas	KS	N	0	0	0	0	0	0	0	0
18.	Kentucky	KY	N	0	0	0	0	0	0	0	0
19.	Louisiana	LA	N	0	0	0	0	0	0	0	0
20.	Maine	ME	N	0	0	0	0	0	0	0	0
21.	Maryland	MD	N	0	0	0	0	0	0	0	0
22.	Massachusetts	MA	N	0	0	0	0	0	0	0	0
23.	Michigan	MI	L	9,331	1,840,101	0	0	0	0	1,849,432	0
24.	Minnesota	MN	N	0	0	0	0	0	0	0	0
25.	Mississippi	MS	N	0	0	0	0	0	0	0	0
26.	Missouri	MO	N	0	0	0	0	0	0	0	0
27.	Montana	MT	N	0	0	0	0	0	0	0	0
28.	Nebraska	NE	N	0	0	0	0	0	0	0	0
29.	Nevada	NV	N	0	0	0	0	0	0	0	0
30.	New Hampshire	NH	N	0	0	0	0	0	0	0	0
31.	New Jersey	NJ	N	0	0	0	0	0	0	0	0
32.	New Mexico	NM	N	0	0	0	0	0	0	0	0
33.	New York	NY	N	0	0	0	0	0	0	0	0
34.	North Carolina	NC	N	0	0	0	0	0	0	0	0
35.	North Dakota	ND	N	0	0	0	0	0	0	0	0
36.	Ohio	OH	N	0	0	0	0	0	0	0	0
37.	Oklahoma	OK	N	0	0	0	0	0	0	0	0
38.	Oregon	OR	N	0	0	0	0	0	0	0	0
39.	Pennsylvania	PA	N	0	0	0	0	0	0	0	0
40.	Rhode Island	RI	N	0	0	0	0	0	0	0	0
41.	South Carolina	SC	N	0	0	0	0	0	0	0	0
42.	South Dakota	SD	N	0	0	0	0	0	0	0	0
43.	Tennessee	TN	N	0	0	0	0	0	0	0	0
44.	Texas	TX	N	0	0	0	0	0	0	0	0
45.	Utah	UT	N	0	0	0	0	0	0	0	0
46.	Vermont	VT	N	0	0	0	0	0	0	0	0
47.	Virginia	VA	N	0	0	0	0	0	0	0	0
48.	Washington	WA	N	0	0	0	0	0	0	0	0
49.	West Virginia	WV	N	0	0	0	0	0	0	0	0
50.	Wisconsin	WI	N	0	0	0	0	0	0	0	0
51.	Wyoming	WY	N	0	0	0	0	0	0	0	0
52.	American Samoa	AS	N	0	0	0	0	0	0	0	0
53.	Guam	GU	N	0	0	0	0	0	0	0	0
54.	Puerto Rico	PR	N	0	0	0	0	0	0	0	0
55.	U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0	0
56.	Northern Mariana Islands	MP	N	0	0	0	0	0	0	0	0
57.	Canada	CAN	N	0	0	0	0	0	0	0	0
58.	Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59.	Subtotal	XXX		9,331	1,840,101	0	0	0	0	1,849,432	0
60.	Reporting entity contributions for Employee Benefit Plans	XXX		0	0	0	0	0	0	0	0
61.	Total (Direct Business)	(a) 1		9,331	1,840,101	0	0	0	0	1,849,432	0
DETAILS OF WRITE-INS											
58001.		XXX									
58002.		XXX									
58003.		XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX		0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

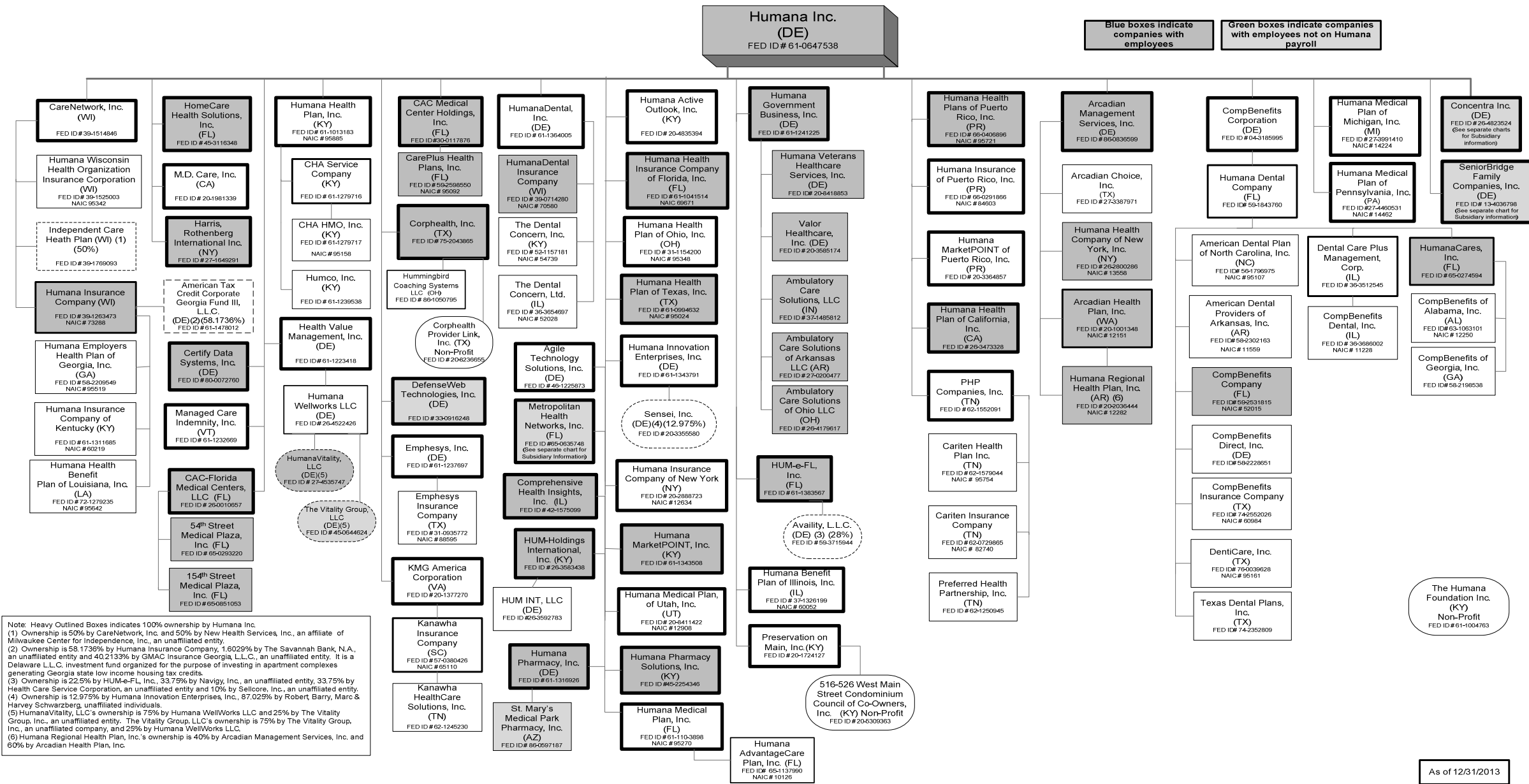
Explanation of basis of allocation by states, premiums by state, etc.

The company allocates group premiums to the situs of the contract and individual premiums based on residence.

(a) Insert the number of L responses except for Canada and Other Alien.

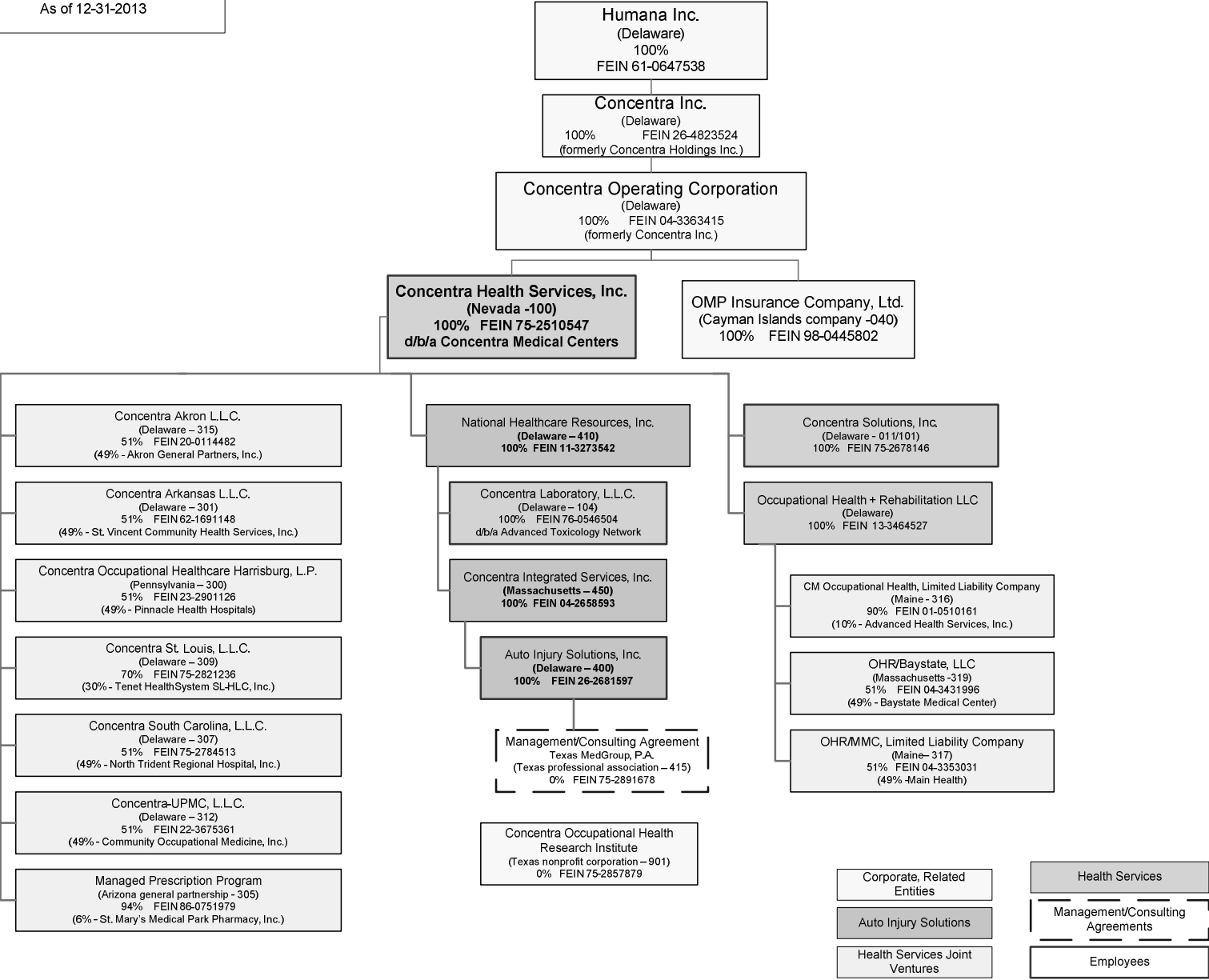
ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Humana Medical Plan of Michigan, Inc.

40



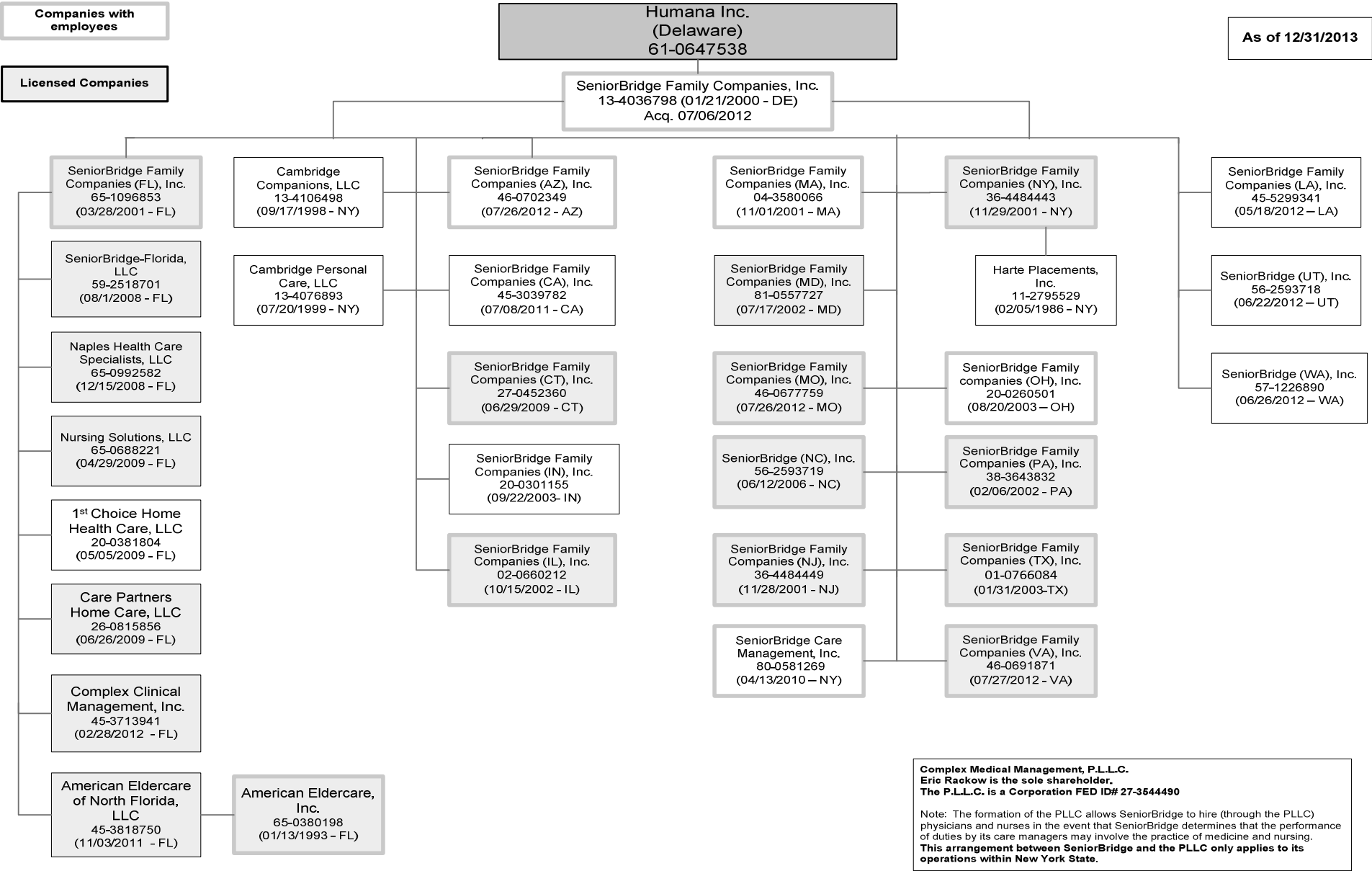
ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Humana Medical Plan of Michigan, Inc.

As of 12-31-2013

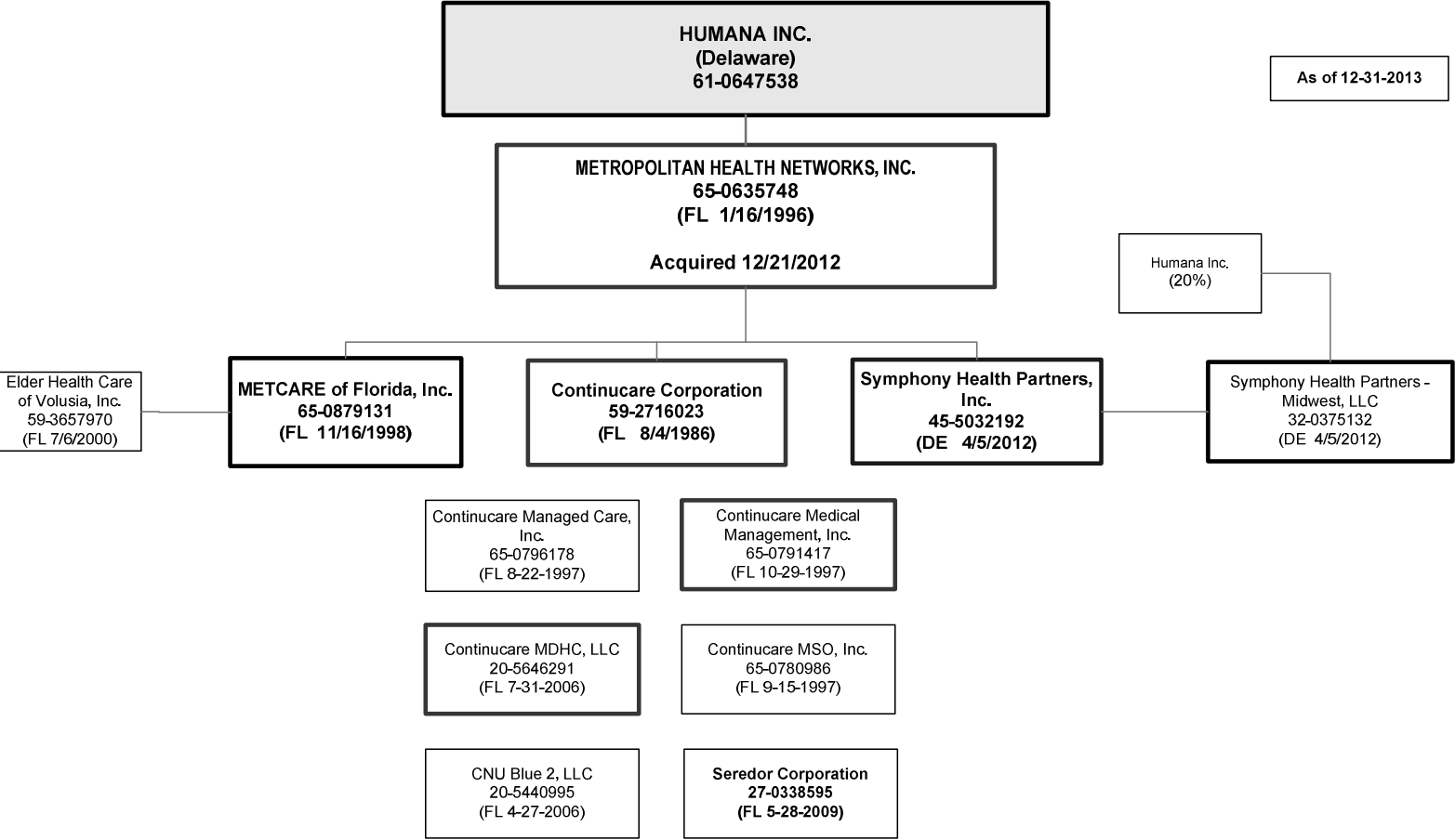


ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Humana Medical Plan of Michigan, Inc.

40.2



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Humana Medical Plan of Michigan, Inc.



As of 12-31-2013

Elder Health Care
of Volusia, Inc.
59-3657970
(FL 7/6/2000)

METCARE of Florida, Inc.
65-0879131
(FL 11/16/1998)

Continucare Corporation
59-2716023
(FL 8/4/1986)

**Symphony Health Partners,
Inc.**
45-5032192
(DE 4/5/2012)

**Symphony Health Partners -
Midwest, LLC**
32-0375132
(DE 4/5/2012)

Continucare Managed Care,
Inc.
65-0796178
(FL 8-22-1997)

Continucare Medical
Management, Inc.
65-0791417
(FL 10-29-1997)

Continucare MDHC, LLC
20-5646291
(FL 7-31-2006)

Continucare MSO, Inc.
65-0780986
(FL 9-15-1997)

CNU Blue 2, LLC
20-5440995
(FL 4-27-2006)

Seredor Corporation
27-0338595
(FL 5-28-2009)

Employees

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